

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: (808) 587-0460 FAX: (808) 587-0470

email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

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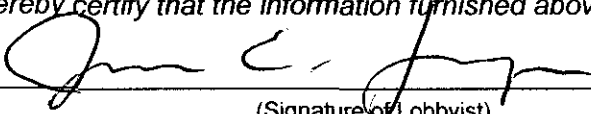
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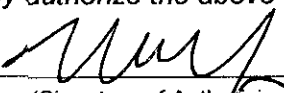
**LOBBYIST REGISTRATION FORM** STATE OF HAWAII  
(Type or Print Clearly) STATE ETHICS COMMISSION

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Pacopac	James	C.	220-4121
MAILING ADDRESS (Street)			FAX
1908 Skyline Drive			EMAIL
			<a href="mailto:jpacopac@hawaii.rr.com">jpacopac@hawaii.rr.com</a>
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
SPJ Consulting LLC			927-0619
MAILING ADDRESS (Street)			FAX
P.O. Box 17885			EMAIL
			<a href="mailto:smatsu@live.com">smatsu@live.com</a>
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Kauai Island Utility Cooperative			246-8208
MAILING ADDRESS (Street)			FAX 246-4344
4463 Pahe'e Street, Suite 1			EMAIL
			<a href="mailto:myamane@kiuc.coop">myamane@kiuc.coop</a>
(City)	(State)	(Zip Code)	
Lihu'e	Hawaii	96766	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Michael Yamane			246-8208
MAILING ADDRESS (Street)			FAX 246-4344
4463 Pahe'e Street, Suite 1			EMAIL
			<a href="mailto:myamane@kiuc.coop">myamane@kiuc.coop</a>
(City)	(State)	(Zip Code)	
Lihu'e	Hawaii	96766	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input checked="" type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input checked="" type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operation & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input checked="" type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input checked="" type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
 (Signature of Lobbyist)	1-8-13 (Date)

PART V AUTHORIZATION TO LOBBY		
NAME Michael Yamane		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Chief of Operations
NAME OF ORGANIZATION (if applicable) Kauai Island Utility Cooperative		TELEPHONE 246-8208
MAILING ADDRESS (Street) 4463 Pahe'e Street, Suite 1		FAX 246-4344
		EMAIL myamane@kiuc.coop
(City) Lihu'e	(State) Hawaii	(Zip Code) 96866
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
 (Signature of Authorizing Officer or Person Represented)		1/11/13 (Date)